

11. To what extent are urban populations served by shallow wells? \_\_\_\_\_
12. How many bacteriological examinations are made on the water supplies of each major city each month? \_\_\_\_\_  
Are these performed routinely under an established sampling plan? \_\_\_\_\_
13. How many laboratories are able to perform the completed coliform test or a similar one? \_\_\_\_\_  
Do these include any prefectural laboratories? \_\_\_\_\_
14. What procedures are used for water bacteriological examination? \_\_\_\_\_  
Are samples dechlorinated when drawn from the top? \_\_\_\_\_  
Are copies of American standard procedure available to the Japanese? \_\_\_\_\_
15. Are supplies and laboratory equipment adequate? \_\_\_\_\_
16. What is the percentage leakage from the distribution systems of the major cities? \_\_\_\_\_ . What efforts are being made to reduce this quantity? \_\_\_\_\_
17. What chlorine residuals are maintained in the extremities of the distribution systems? \_\_\_\_\_  
Are regular checks made of chlorine residuals? \_\_\_\_\_  
Has the U.S. Army specified chlorine dosages to be used at plants serving troops? \_\_\_\_\_
18. Are any efforts being made to protect water sources from pollution? \_\_\_\_\_

Waste Disposal:

19. Extent of water carried sewer systems:

City	Population	o/o Pop. Served	No. Flush Toilets	Type of Treatment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. What records are kept at sewage treatment plant? \_\_\_\_\_  
Is the B.O.D. test made? \_\_\_\_\_  
Is all equipment in operating order? \_\_\_\_\_
21. Do any of these systems create pollutional problems in receiving bodies of water? \_\_\_\_\_
22. Are any measures taken to enforce storage of nightsoil either by a specially designed benjo or storage in vaults in the field? \_\_\_\_\_  
Is nightsoil collected by a municipal or private organization? \_\_\_\_\_
23. What methods are used for refuse and garbage collection and disposal? \_\_\_\_\_  
Are removal facilities adequate? \_\_\_\_\_
24. Environmental Sanitation:  
What are the numbers of insect and rodent control teams in each city? \_\_\_\_\_  
Total numbers of people employed in I. and R. work? \_\_\_\_\_  
What is the state of training of the I. and R. teams? \_\_\_\_\_
25. Are supplies of equipment and insecticides adequate? \_\_\_\_\_
26. Are all hospitals, health centers, and public latrines sprayed every 2 to 3 months with residual DDT? \_\_\_\_\_ . Are theaters being sprayed? \_\_\_\_\_  
How are payments made for this work? \_\_\_\_\_  
Is DDT being used as a larvicide? \_\_\_\_\_
27. Are sanitary inspections being made of institution, public buildings and eating places? \_\_\_\_\_



Incl 3

HEADQUARTERS  
KINKI MIL GOVT REGION  
APO 301 (Kyoto, Honshu)

SANITARY ENGINEERING CHECK SHEET

General:

1. Is the prefecture sanitary section directly under the public health chief? \_\_\_\_\_
2. Name of man in charge of sanitary section \_\_\_\_\_  
Is he a medical doctor or engineer? \_\_\_\_\_
3. How many qualified doctors, engineers and other technicians are there in the sanitary section? \_\_\_\_\_  
Have any of these men received college training in sanitary engineering? \_\_\_\_\_
4. What are the primary responsibilities of the sanitary section? \_\_\_\_\_  
Do these include water treatment, waste disposal and environmental sanitation? \_\_\_\_\_
5. What funds are available from the budget for sanitary engineering work? \_\_\_\_\_  
How are the ministry I. and R. subsidies matched by the prefecture? \_\_\_\_\_
6. Are there any laws, either prefectural or municipal, pertaining to sanitation? \_\_\_\_\_  
Is there a prefecture sanitary code? \_\_\_\_\_  
Have any standards of water treatment and examination been adopted? \_\_\_\_\_  
How many surplus Army vehicles has the prefecture health dept. \_\_\_\_\_

Water Treatment

7. Extent of water filtration in the prefecture:

City	Population	Filter Type	Plant Capacity	o/o Pop. Served

Are all of the above supplies chlorinated? \_\_\_\_\_  
What chlorine dosages are used? \_\_\_\_\_  
Are standby chlorinators available? \_\_\_\_\_

8. Extent of unfiltered chlorinated supplies:

City	Population	Plant Capacity	C/2 Dosage	o/o Pop. Served

9. Are the present filtered supplies adequate? \_\_\_\_\_  
Have plans been made for the expansions to meet these inadequacies? \_\_\_\_\_  
Are the present chlorinator capacities adequate? \_\_\_\_\_  
Are additional chlorinators on requisition? \_\_\_\_\_
10. Are the supplies of chemicals adequate? \_\_\_\_\_  
Is one months supply of liquid chlorine kept on hand at each plant? \_\_\_\_\_  
Are coagulants used prior to rapid sand filtration? \_\_\_\_\_



Incl. - 1

HEADQUARTERS  
KINKI MIL GOVT REGION  
APO 301 (Kyoto, Honshu)

RLM/yo

CHECK LIST FOR SURVEY OF THE PUBLIC HEALTH SITUATION  
IN A PREFECTURE, CHECKING BOTH MG AND JAPANESE ACTIVITIES.

Name of Prefecture \_\_\_\_\_ Population \_\_\_\_\_  
 Number of Cities \_\_\_\_\_ Number of Guns \_\_\_\_\_  
 Chief industries \_\_\_\_\_  
 Name MG Health Officer \_\_\_\_\_ Time to serve \_\_\_\_\_  
 Name of Prefectural Health Officer \_\_\_\_\_ Satisfactory \_\_\_\_\_  
 Number of people employed in MG PH Office:  
 Enlisted men: \_\_\_\_\_ Time to serve \_\_\_\_\_  
 Japanese: Interpreters \_\_\_\_\_ Doctors \_\_\_\_\_ Translators \_\_\_\_\_  
 Medical Care provided for Army team:  
 Dispensary facilities: Adequately equipped \_\_\_\_\_  
 Supply: Are medical chests 1 & 2 complete \_\_\_\_\_  
 Narcotic storage & records \_\_\_\_\_  
 Emergency facilities & supply \_\_\_\_\_  
 Number patients handled per week \_\_\_\_\_  
 Are dependents much trouble \_\_\_\_\_  
 Sick Book \_\_\_\_\_  
 Means of medical evacuation \_\_\_\_\_  
 Status of immunization of command \_\_\_\_\_  
 Status WD AGO 8-117 \_\_\_\_\_  
 Reports of sick & wounded & statistical health reports \_\_\_\_\_  
 Are monthly physical inspections done \_\_\_\_\_  
 Are regular sanitary inspections done \_\_\_\_\_  
 Are proper health certificates prepared for mess personnel,  
 barber \_\_\_\_\_  
 Are regular lectures on VD and I&R Control given \_\_\_\_\_  
 Status & Correctness of medical department reports and files:  
 VD statistical \_\_\_\_\_ Med Dept Pers Rept \_\_\_\_\_  
 Sanitary Report \_\_\_\_\_ Insect & Rodent Control \_\_\_\_\_  
 Care of Japanese nationals employed by occupation forces:  
 Do the Japanese maintain an adequate dispensary \_\_\_\_\_  
 Are records of results of examinations on file in MG \_\_\_\_\_  
 Are records reviewed by MG Health officer monthly \_\_\_\_\_  
 How many VD contact tracing reports handled per month \_\_\_\_\_  
 What % of contacts were apprehended \_\_\_\_\_  
 Is commanding officer aware of public health problems and is he  
 lending his full support \_\_\_\_\_  
 Is public health officer well acquainted with his responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Is he fulfilling them \_\_\_\_\_  
 Has he made any general overall plans of action? \_\_\_\_\_  
 Military Government public health office administration:  
 Is a log of daily activities kept \_\_\_\_\_  
 Is a monthly schedule of activities prepared \_\_\_\_\_  
 Number of speeches given last month \_\_\_\_\_  
 Number of important conferences held \_\_\_\_\_  
 Number of inspections made \_\_\_\_\_  
 Literature prepared \_\_\_\_\_  
 Posters, instructions etc \_\_\_\_\_  
 What are most important projects at present \_\_\_\_\_  
 \_\_\_\_\_  
 What regular reports are required from the Japanese:  
 Monthly Activities \_\_\_\_\_ Monthly VD clinics \_\_\_\_\_  
 Weekly Commun. disease \_\_\_\_\_ Others \_\_\_\_\_  
 What special reports were required last month \_\_\_\_\_  
 Are copies of Welfare Ministry directives kept on file \_\_\_\_\_



Does the office have a set of check sheets prepared for various inspections \_\_\_\_\_, health centers \_\_\_\_\_, hospitals \_\_\_\_\_, VD clinics \_\_\_\_\_, others \_\_\_\_\_

Do they utilize check sheets prepared by this headquarters \_\_\_\_\_  
Get copies of any check sheets they use. \_\_\_\_\_

What is the status of the files \_\_\_\_\_  
Are current directives all on file \_\_\_\_\_

Are folders on various activities kept \_\_\_\_\_  
Are statistics of disease incidence on file \_\_\_\_\_

Do they use the filing system suggested by this headquarters \_\_\_\_\_  
Is there a liaison man assigned to the public health section \_\_\_\_\_

Are graphs, posters, charts maintained in the PH office \_\_\_\_\_

Status of Public Health Administration:

Is the prefectural health section an independent bureau directly under the governor \_\_\_\_\_

Check chart of prefectural public health organization. \_\_\_\_\_  
Is the set up adequate \_\_\_\_\_

What is being done to improve it \_\_\_\_\_

What is the adequacy of the health department budget \_\_\_\_\_  
Amount spent for: I and R \_\_\_\_\_ TB \_\_\_\_\_

VD \_\_\_\_\_ Pref Hosp \_\_\_\_\_  
Health Centers \_\_\_\_\_

What per cent of total prefectural budget is devoted to public health \_\_\_\_\_

Do they have district health offices \_\_\_\_\_ In the health centers \_\_\_\_\_

Number of health centers in the prefecture \_\_\_\_\_  
What is the status of the health center \_\_\_\_\_

What kind of local health administration is there \_\_\_\_\_

What is the adequacy of the Japanese health officials \_\_\_\_\_  
What are Japanese doing to stimulate modern health education \_\_\_\_\_

Are there any means for public health education in the prefecture \_\_\_\_\_  
What \_\_\_\_\_

Is there any public health research underway \_\_\_\_\_  
Is MG doing anything to stimulate education \_\_\_\_\_

Are emergency medical supplies available for epidemic control and disasters \_\_\_\_\_

Preventive Medicine Activities:

What system is used for disease reporting \_\_\_\_\_  
What department is responsible for it \_\_\_\_\_

What is the adequacy and accuracy of the system \_\_\_\_\_  
Are any efforts made by MG to check it \_\_\_\_\_

Are disease report cards in use \_\_\_\_\_  
What are the most severe communicable disease problems \_\_\_\_\_

How are they being met \_\_\_\_\_

What is the general efficiency of the Japanese in epidemiology \_\_\_\_\_  
Finding sources of infection \_\_\_\_\_

Finding modes of transmission \_\_\_\_\_  
Determining methods of controlling spread \_\_\_\_\_

Finding cause of infection \_\_\_\_\_  
Is education on disease control being sponsored for PH officers \_\_\_\_\_

doctors \_\_\_\_\_  
What type of education \_\_\_\_\_

Are regular, well supervised programs of immunization for smallpox, typhoid, cholera, typhus, diphtheria planned and executed \_\_\_\_\_

Is effectiveness of immunizations checked \_\_\_\_\_

Venereal Disease Control:

Does the prefectural health department understand its responsibility in VDC \_\_\_\_\_



Does the VDCO know what VD control is all about \_\_\_\_\_. Is he energetic \_\_\_\_\_  
 How many governmentally operated clinics in the prefecture \_\_\_\_\_, Number  
 in health centers \_\_\_\_\_, in prefectural hospitals \_\_\_\_\_, in municipal  
 hospitals \_\_\_\_\_, in separate buildings \_\_\_\_\_. How many clinics treat  
 everyone \_\_\_\_\_, only general population \_\_\_\_\_, only prostitutes \_\_\_\_\_.  
 How many clinics offer full time daily service \_\_\_\_\_. How many offer  
 part time service \_\_\_\_\_. How often is part time \_\_\_\_\_  
 Are clinics adequately housed \_\_\_\_\_  
 Do they have essential equipment \_\_\_\_\_  
 Are case records adequate \_\_\_\_\_  
 What is the standard of practice \_\_\_\_\_  
 How many of the clinics use modern drugs \_\_\_\_\_ Does the general population  
 get priority in the use of the good drugs \_\_\_\_\_  
 Do private physicians use any of the modern drugs \_\_\_\_\_  
 What is the supply situation on these drugs \_\_\_\_\_  
 \_\_\_\_\_  
 What is the cost of treatment in the above clinics \_\_\_\_\_  
 Are there any arrangements for free treatment \_\_\_\_\_  
 What is the total number of prostitute clinics in the prefecture \_\_\_\_\_  
 Who pays for the treatment of the prostitutes \_\_\_\_\_  
 Are prostitutes cared for in approval clinics \_\_\_\_\_  
 Are they detained satisfactorily while infectious \_\_\_\_\_  
 How long are they detained for gonorrhoea \_\_\_\_\_, syphilis \_\_\_\_\_, chancroid \_\_\_\_\_  
 \_\_\_\_\_  
 How many beds are available for their isolation \_\_\_\_\_. How many beds are  
 available for their isolation \_\_\_\_\_. How many prostitutes in the pre-  
 fecture \_\_\_\_\_  
 Is case tracing employed \_\_\_\_\_ On what per cent of the patients \_\_\_\_\_  
 Is case holding employed \_\_\_\_\_ What percent lapse treatment \_\_\_\_\_  
 Are followup tests carried out \_\_\_\_\_  
 Are serology tests done on pregnant women \_\_\_\_\_  
 Are any efforts made to encourage private doctors to carry out case  
 holding, tracing, or follow up \_\_\_\_\_  
 Is there a prefectural VD committee established \_\_\_\_\_ What special programs is  
 it fostering \_\_\_\_\_  
 Are local committees formed \_\_\_\_\_ What do they do \_\_\_\_\_  
 Are there any arrangements or projects for rehabilitating prostitutes \_\_\_\_\_  
 Are there any movements or projects aimed at the suppression of prostitu-  
 tion \_\_\_\_\_  
 What publicity and educational projects on VD are underway \_\_\_\_\_

**Tuberculosis Control:**

Number of public sanatoria \_\_\_\_\_. Number of public beds for TB care \_\_\_\_\_  
 Number occupied \_\_\_\_\_. Number short \_\_\_\_\_. Number of these hospitals which  
 are at all acceptable \_\_\_\_\_. How many cases of TB in the prefecture \_\_\_\_\_  
 How many of these hospitals provide and prepare the food for the patients \_\_\_\_\_  
 Are they all serving the extra ration for TB patients \_\_\_\_\_. What is the  
 average caloric content of the diet per person per day \_\_\_\_\_  
 Is the nursing care adequate \_\_\_\_\_. Why not \_\_\_\_\_  
 Are patients' relatives living at the hospitals \_\_\_\_\_ Why \_\_\_\_\_  
 Is the medical care adequate \_\_\_\_\_  
 Records \_\_\_\_\_ regular check ups by xray and fluoroscopxe \_\_\_\_\_  
 Is sanitation adequate \_\_\_\_\_  
 Is isolation satisfactory \_\_\_\_\_  
 Are patients taught to protect others and care for themselves \_\_\_\_\_  
 Are all TB cases reported to the health-center \_\_\_\_\_  
 Are all TB cases registered at the health center \_\_\_\_\_  
 What action does the health center take on the cases reported \_\_\_\_\_



Are inspections of TB hospitals carried out regularly by MG \_\_\_\_\_. No. checked last month \_\_\_\_\_

Are check sheets used \_\_\_\_\_

Are efforts being made to put TB patients in sanatoria \_\_\_\_\_

How \_\_\_\_\_

Is mass tuberculin testing being carried out \_\_\_\_\_

How many people have been tuberculin tested so far \_\_\_\_\_

How many were tuberculin positive \_\_\_\_\_

How many of these were xrayed \_\_\_\_\_

How many actively diseased \_\_\_\_\_

How many were tuberculin negative \_\_\_\_\_

How many received BCG inoculations \_\_\_\_\_

How many families of newly discovered tuberculosis patients were examined \_\_\_\_\_

What percent of the new TB cases were hospitalized \_\_\_\_\_

Are public health nurses visiting the homes of TB patients \_\_\_\_\_

How many did they visit last month \_\_\_\_\_

Have TB control committees been organized \_\_\_\_\_. What kinds \_\_\_\_\_

What are they doing \_\_\_\_\_

What kinds of education on TB are given to public, doctors, nurses, patients \_\_\_\_\_

Is there enough xray film for TB control program \_\_\_ What percent is lacking \_\_\_\_\_

Why is it lacking \_\_\_\_\_

Are there sufficient xray machines in working order \_\_\_\_\_

How many free exams were performed by health centers last month \_\_\_\_\_

Are there any other organizations giving free examinations \_\_\_\_\_

What ones \_\_\_\_\_

Are private doctors tracing family contacts \_\_\_\_\_

Is anything being done to encourage this \_\_\_\_\_

Are programs to stimulate and improve general health sponsored \_\_\_\_\_

How many mental hospitals in the prefecture: Public \_\_\_\_, private \_\_\_\_\_

How many mental patients \_\_\_\_\_. Are they cared for humanely \_\_\_\_\_

Scientifically \_\_\_\_\_

**Hospital Administration:**

How many national hospitals in the prefecture \_\_\_\_\_, prefectural \_\_\_\_\_, municipal \_\_\_\_\_, insurance \_\_\_\_\_, Red Cross \_\_\_\_\_. How many beds are there in all \_\_\_\_\_. How many beds are occupied \_\_\_\_\_. Are there enough beds to handle the needs of the population \_\_\_\_\_

How many private hospitals in the prefecture \_\_\_\_\_. How many beds in them \_\_\_\_\_

How many public beds for communicable disease \_\_\_\_\_

Are regular hospital inspections made by MG \_\_\_\_\_. How many were made last month \_\_\_\_\_. Are the check sheets from this hq. in use \_\_\_\_\_

Does the Japanese health dept. inspect hospitals \_\_\_\_\_

Do they license them \_\_\_\_\_

Do they have any minimum standards which must be maintained \_\_\_\_\_

Has there been any general improvement in sanitation \_\_\_\_, in medical practice \_\_\_\_\_ in the hospitals. What \_\_\_\_\_

What are the chief problems hindering good hospital service \_\_\_\_\_

What are the Japanese doing about them \_\_\_\_\_

What is MG doing \_\_\_\_\_

Examine copies of check sheets.

**Medical Practice:**

How many doctors in the prefecture \_\_\_\_\_. Are they all licensed \_\_\_\_\_

How many medical schools \_\_\_\_\_. Are they inspected by MG \_\_\_\_\_. Regularly \_\_\_\_\_



Have teaching methods and curriculum been observed \_\_\_\_\_. Are they satisfactory \_\_\_\_\_. What is being done to improve them \_\_\_\_\_  
 Is the new medical education program carried out properly \_\_\_\_\_  
 Are there laboratory facilities for the students \_\_\_\_\_  
 Are they used \_\_\_\_\_. Is bedside teaching done \_\_\_\_\_. Is there any effort to improve libraries \_\_\_\_\_. Are internships satisfactory \_\_\_\_\_  
 Is the doctors' association active \_\_\_\_\_. What is it doing \_\_\_\_\_  
 What is MG doing to help improve medical practice (speeches, literature, committees, legislation etc) \_\_\_\_\_

Are there any laws regulating medical practice, defining malpractice etc. \_\_\_\_\_

Is anything being done to control pseudomedical practices (acupuncture, moxibustion) \_\_\_\_\_  
 Are doctors being made to feel their responsibility in community health, to report cases, to prevent spread of disease, to practice case tracing, to always practice best medicine, to educate public \_\_\_\_\_. How \_\_\_\_\_

Are there any efforts made to make doctors proud enough of their profession so that they will not tolerate bad medical practice in their ranks \_\_\_\_\_  
 What \_\_\_\_\_

#### Nursing Practice:

How many clinical nurses in the prefecture \_\_\_\_\_, public health nurses \_\_\_\_\_, midwives \_\_\_\_\_. Are they all joined in one association \_\_\_\_\_  
 What is this association doing \_\_\_\_\_

Is there a nursing affairs section in the prefectural health department \_\_\_\_\_

Is it headed by a nurse. \_\_\_\_\_ What is it doing \_\_\_\_\_

Is the new education system understood by nurses, officials and the education section \_\_\_\_\_

When will it be instituted \_\_\_\_\_. In how many schools \_\_\_\_\_  
 In what year will the first exams for national licensure be held under the new system \_\_\_\_\_

Are public health nurses attending the school in Tokyo every three months \_\_\_\_\_

Is anything being done to improve nurses' wages and position \_\_\_\_\_. What \_\_\_\_\_

Are there any special training programs underway for public health nurses \_\_\_\_\_

What are public health nurses doing now in the health program. \_\_\_\_\_

Has a demonstration nursing center been set up \_\_\_\_\_  
 How many nursing schools in the prefecture \_\_\_\_\_. Have they ever been inspected by MG \_\_\_\_\_



KYUSHU MILITARY GOVERNMENT REGION  
HEADQUARTERS AND HEADQUARTERS DETACHMENT  
Fukuoka, Kyushu, Japan

RES/rld

AFD 929  
9 October 1947

40700

SUBJECT: Directives Governing Port Quarantine, Customs, and Immigration Activities, Japan

TO : Commanding Officer, Fukuoka Military Government Team  
Commanding Officer, Nagasaki Military Government Team  
ATTENTION: Port Detachments

1. Inclosed are the following directives governing port activities in regard to Port Quarantine, Customs, and Immigration: Eighth Army OD 32 and TWX re Handling of Foreign Trade Agents; GHQ Circulars 8, 9, 10, and 79, 1947 and Manual of Ship Quarantine and Sanitary Inspections for Japan. These directives are forwarded for your information and guidance.

2. Further information concerning forms and procedures will be forwarded your office as soon as possible.

BY ORDER OF COLONEL HILTON:

CHARLES L. BACHTEL  
1st Lt SIG C  
Adjutant

Incls:  
as indicated



FILE  
700HEADQUARTERS 24TH INFANTRY DIVISION  
Office of the Commanding General  
(Kokura, Kyushu)

AG 200.3-G

A. P. O. 24  
30 September 1947SUBJECT: Personnel to Operate Customs, Immigration and Quarantine Services  
for Ports of Entry for Japan.TO: Commanding Officer, 19th Infantry Regiment, APO 24  
Commanding Officer, 21st Infantry Regiment, APO 24  
Commanding Officer, 34th Infantry Regiment, APO 24  
Commanding Officer, 24th Division Artillery, APO 24

1. To provide necessary exit and entry control at various major and minor Ports of Entry in the division Zone of Responsibility, this command has been directed to furnish certain enlisted and commissioned personnel on a detached service basis to military government units for this duty. Responsible and operating agencies for these activities are as follows:

<u>Major Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Moji-Wakamatsu-Hakata	I Corps	Fukuoka MG Team
<u>Minor Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Nagasaki	I Corps	Nagasaki MG Team
Miike	I Corps	Fukuoka MG Team
Sasebo	I Corps	Nagasaki MG Team

2. A total of fifteen enlisted and four officer personnel will be furnished by subordinate units of this command in proper grades and MOS for duty with various ports as listed in Annex #1 herewith. Direct communication with appropriate military government team is authorized subordinate units to insure maintenance and replacement of personnel as required. Appropriate orders affecting detached service status will be published by this Headquarters on the written request of subordinate units. If, at any time subordinate units cannot furnish personnel in correct MOS and/or grade as specified this Headquarters will be advised in writing stating circumstances in full.

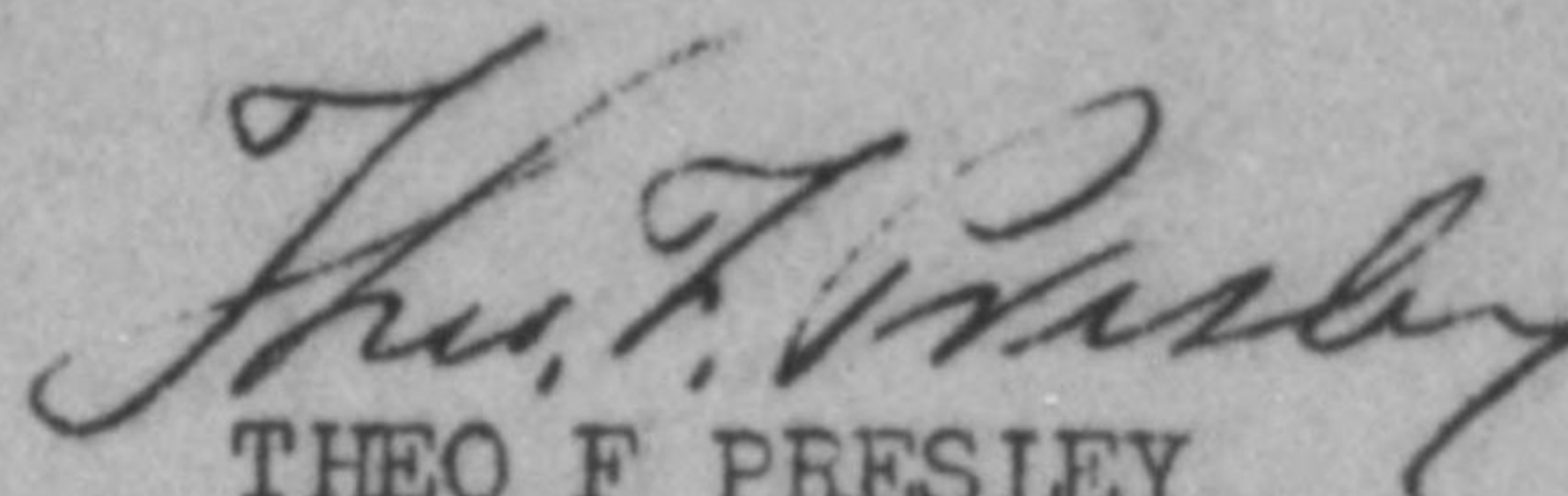
3. Respective Military Government Teams involved are responsible for orienting and training of personnel on detached service to their various Headquarters in duties and responsibilities pertaining to Customs, Immigration and Quarantine Services.



Ltr H24D (AG 200.3-G), dtd 30 Sep 47

4. Necessary medical personnel for this mission will be supplied from separate source by Commanding General, Eighth Army.

BY COMMAND OF MAJOR GENERAL LESTER:



THEO F PRESLEY

Major AGD

Asst. Adj. Gen.

1 Incls:  
Annex #1

DISTRIBUTION:

Addressees plus  
MG Teams indicated.



Distribution of Personnel Furnished Military Government Units for  
Customs, Immigration and Quarantine Services.

Grade	19th Inf	21st Inf	34th Inf	24th Div Arty	Total
Capt				1 (a) h	1
1st Lt	1 (b) m	1 (b) n	1 (b) s		3
Total Commissioned	1	1	1	1	4
Grade 2	1 (a) h				1
" 3	1 (c) m	1 (c) n	1 (c) s		3
" 4	1 (d) h	1 (a) m 1 (a) n	1 (a) s	1 (a) h	5
" 5	1 (f) h	1 (e) h	1 (f) s	1 (f) m 1 (f) n 1 (d) h	6
Total Enl	4	4	3	4	15

MOS

- (a) 502 - Customs & Immigration
- (b) 2120 - Customs & Immigration & Quarantine
- (c) 861 - Port Quarantine
- (d) 409 - Medical Technician
- (e) 405 - Clerk Typist
- (f) 055 - Clerk, General

PORTS

- h Moji-Wakamatsu-Hakata
- n Nagasaki
- s Sasebo
- m Miiki

OPERATING AGENCY

- Fukuoka MG Team
- Nagasaki MG Team
- Nagasaki MG Team
- Fukuoka MG Team



HEADQUARTERS  
KAGOSHIMA MILITARY GOVERNMENT TEAM  
KAGOSHIMA, KYUSHU, JAPAN

CGB/rml

Serial No: 941

APO 970  
27 September 1947

SUBJECT: Request for Reopening of Kagoshima Quarantine Station

THRU : Kyushu Military Government Region, APO 929

TO : Commanding General, Headquarters Eighth Army, APO 343  
Attn: Mil Govt Section (Import-Export and Legal)

1. In compliance with verbal request for information on Kagoshima's petition for reopening of its quarantine station, copies of the first of a number of letters calling attention to the situation are enclosed herewith and pertinent extracts from a report of this headquarters as of 12 July 1947 are quoted below:

a. Kyushu Military Government Region TWX, Cite GE-208 dated 19 June 1947, directing all ships departing for or arriving from foreign ports to obtain quarantine clearance from Nagasaki, came as a blow to Kagoshima authorities who had been seeking for six months to obtain official recognition of the city's earlier status as an "active shipping and trading port".

b. Since the termination of its heavy repatriation schedule on 28 December 1946, the Kagoshima Quarantine Station trimmed its staff and transferred from national to prefectural control to continue medical inspection and clearance of cargo vessels engaged in foreign trade.

c. Since 1 Jan 47, this quarantine station processed 68 SGAJAP operated vessels engaged in foreign trade. These vessels either carried cargo shipped from or destined for Kagoshima or called to replenish bunkers. In addition to these SGAJAP ships, 30 self propelled wooden boats outloaded for Korea with export bamboo during the same period.

d. Based on the experiences of the first vessels diverted to Nagasaki in compliance with Reference, it appears that elimination of the Kagoshima quarantine service would have



Ltr, Kagoshima Mil Govt Team, APO 970, 27 Sept 47, subj:  
"Request for Reopening of Kagoshima Quarantine Station"

caused the 68 SCAJAP vessels mentioned above to waste 1,685 tons of coal and 121 tons of oil.

e. The average loss of time per ship is estimated at 43 hours and wasted mileage 103. (Vessels running between Kagoshima and Korea would have to travel only 34 miles out of their way but vessels trading with southern ports, such as Naha, Okinawa, would have to log an additional 236 miles.)

f. The bamboo carriers are operated by Karatsu shipping interests and figures on time and fuel losses are not immediately available.

RUSSELL E. McMURRAY  
Lt Col                    INF  
Commanding

Incls:  
As indicated.



ASIC: Ltr, Kagoshima Mil Govt Team, APO 970, dtd 27 Sept 47,  
 sub: "Request for Reopening of Kagoshima Quarantine  
 Station".

091.31

1st Ind

ERM/mrd

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 1 Oct 47

TO: Commanding General, Hq I Corps, APO 301  
 Attn: Mil Govt Section

1. This headquarters has made considerable effort to clarify the problem of quarantine procedures and policies in Japan and has frequently requested an elucidation of both policies and machinery of enforcement.

2. As here indicated in the case of Kagoshima, the sailing of vessels to official quarantine ports in every instance of arrival and departure seems to involve an impractical waste of time and fuel and it is known that Japanese vessels often do not make stops at official quarantine ports and that British vessels often sail directly to destination without first stopping at quarantine ports.

3. This headquarters has not been able to obtain up to this time a clear conception of what informal procedures of quarantine Japanese vessels returning from, or sailing to foreign ports may receive at such ports as Oita, Miyazaki, Kagoshima, Aruratsu, Karatsu, etc., that would enable them to avoid sailing to one of the few (Moji, Nagasaki) officially designated quarantine ports.

4. Favorable consideration is strongly recommended of the petition obtained in basic letter to reopen Kagoshima's quarantine station and to permit quarantine clearance at Kagoshima for incoming and outgoing vessels of all kinds as the saving of fuel and time is very great and the restoration of Kagoshima's economy would be considerably assisted thereby.

5. A detailed presentation of the official regulations on ships clearing other ports which are as remote from official quarantine ports as Kagoshima, and machinery for enforcing these regulations is requested. If such ports have, or, are permitted to set up local quarantine facilities to clear vessels, information concerning such procedures is also desired.

FOR THE COMMANDING OFFICER:

Incls:  
 n/c

CHARLES L. WACHTEL  
 1st Lt SIG C  
 Adjutant



700  
 BASIC: Ltr, Hq Kagoshima Mil Govt Team, APO 970, subj: "Request for Re-opening of Kagoshima Quarantine Station," dtd 27 Sept 1947.

AG 704 - BA

2nd Ind

EHN/mk

Hq I Corps, APO 301, 13 Oct 47

TO: CG, Eighth Army, APO 343

This headquarters concurs in the recommendation contained in paragraph 4, 1st indorsement. In the event favorable consideration is given this application, it is requested that information be supplied which will enable preparation of proper reply to question raised in paragraph 5.

FOR THE COMMANDING GENERAL:

/s/t/ O.H.SCHMIDT  
 Major AGD  
 Asst Adj Gen

1 Incl:  
 n/c

AG 720.4 (MG-L)

3rd Ind

Headquarters Eighth Army, APO 343, 14 Nov 1947

TO: Commanding General, I Corps, APO 301

1. Reference is made to SCAPIN 1801, AG 720.4 (14 Oct 47) CTS-W, 14 October 1947, subject: "Quarantine Installations and Procedures," which designates the ports of Kagoshima and Hakata as ports of entry for Japanese shipping only (Inclosure 2).

2. Allied ships entering the I Corps zone at the present time are directed to one of the following ports of entry: Shimizu, Nagoya, Kobe, Nagasaki, Sasebo or Miike.

3. Reference is made to Operational Directive Number 32, this headquarters 10 April 1947, subject: "Control of Entry and Exit of Individuals Into and From Japan," for information pertaining to the official regulations on ships entering ports in Japan. Ships entering Japan will in general be directed to the officially designated ports of entry for clearance.

BY COMMAND OF MAJOR GENERAL RYDER:

/s/t/ R. SCHAFER  
 Lt Col AGD  
 Asst Adj Gen

2 Incls:

Incl # 1 - n/c

Incl # 2 - added (SCAPIN 1801)

FILE



REPORT COVERED IN COLUMN 6

**BASIC:** Ltr, Hq Kagoshima Mil Govt Team, APO 970, subj: "Request for Reopening of Kagoshima Quarantine Station," dtd 27 Sept. 1947.

AG 720 - BA 4th Ind GLA/lha

Hq I Corps, APO 301 22 NOV 1947

TO: CO, Kyushu Mil Govt Region, APO 929

Attention is invited to preceding indorsement for your information.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

2 Incls:  
n/c

G. H. SCHMIDT  
MAJOR, AGD  
ASST. ADJ. GEN.

5th Ind

ERM/pam

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 24 November 1947

TO: Commanding Officer, Kagoshima Mil Govt Team, APO 970

SCAF Memorandum (SCAFIN 1801) of 14 October 47, subject: "Quarantine Installations and Procedures", officially designated Kagoshima as an open port and requires Japanese Government to provide quarantine services there.

BY ORDER OF COLONEL HILTON:

2 Incls:  
n/c

CHARLES L. BACHTEL  
1st Lt SIG C  
Adjutant

No. Item	Article	Lot	Unit Spec	Hand On	Expd or Lost	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SERVICE

(CONTINUED UPPER PART FORM OF CG 4-69)

REPORT OF EQUIPMENT ON HAND AND EXPENDED



# REPORT OF EQUIPMENT ON HAND AND EXPENDED

(CONTROL APPROVAL SYMBOL CG 4-60)

## SERVICE

(1) Item No.	(2) Article	(3) T/E	(4) Spec. Auth.	(5) On Hand	(6) Lost or Expd.	(7) Remarks
	<p>W/C S INCL:</p> <p>IN ORDER OF COMMANDER:</p> <p>FOR THE PURPOSES OF THIS REPORT TO BE MADE ACCURATE AND COMPLETE, THE FOLLOWING INFORMATION IS REQUESTED:</p> <p>1. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED DURING THE PERIOD COVERED BY THIS REPORT.</p> <p>2. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE END OF THE PERIOD COVERED BY THIS REPORT.</p> <p>3. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE BEGINNING OF THE PERIOD COVERED BY THIS REPORT.</p> <p>4. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE END OF THE PERIOD COVERED BY THIS REPORT.</p> <p>5. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE BEGINNING OF THE PERIOD COVERED BY THIS REPORT.</p> <p>6. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE END OF THE PERIOD COVERED BY THIS REPORT.</p> <p>7. A COMPLETE LIST OF ALL EQUIPMENT ON HAND AND EXPENDED AT THE BEGINNING OF THE PERIOD COVERED BY THIS REPORT.</p>					

Unit Installation, or Supply Pt. \_\_\_\_\_ APO \_\_\_\_\_

T/O & E \_\_\_\_\_ Dated \_\_\_\_\_ Date of Report \_\_\_\_\_

Period covered in column 6: \_\_\_\_\_



D  
MINIMUM REQUIREMENTS: DIPHTHERIA TOXOID

## SECTION I GENERAL CONSIDERATIONS

729.3

July 1805  
Sept 22, 1947

A. Definition Diphtheria toxoid is the sterile, aqueous filtrate resulting from the growth of C diphtheriae in a suitable culture medium and which has subsequently been rendered non-toxic as measured by appropriate animal tests but without appreciable loss of its antigenic or combining value. The crude, detoxified filtrate may be refined and the antigen may be prepared in an insoluble form by acceptable methods. Diphtheria toxoid is the proper name of the antigen and in the dissolved form is designated plain diphtheria toxoid (syn. crude, clear, fluid) in order to distinguish it from the insoluble form which is designated precipitated diphtheria toxoid with a further designation of the precipitant.

B. Culture medium for toxin production. Preference shall be given to proven non-allergenic ingredients as far as practicable. However, the use of horse meat is not forbidden.

C. Potency of the parent toxin. The parent toxin from which diphtheria toxoid is made shall have an L plus dose of not more than 0.20 ml or an MLD of not more than .0025 ml.

D. Formaldehyde for detoxification. The formaldehyde used for detoxification shall meet the requirements of solution of formaldehyde, Japanese Pharmacopeia. The smallest amount which will bring about complete detoxification as required under section 5 and within the generally accepted interval of time shall be used. Since the Amount of formaldehyde required is dependent upon the composition of the medium used, it is essential to establish the minimum needed for each medium. In any event the amount originally added must not adversely affect the antigenic quality of the product nor show at the end of the detoxification period a residual of free formaldehyde in excess of the permissible amount. This permissible residual must not exceed 0.04% of free formaldehyde,  $\text{CH}_2\text{O}$ , or 0.10% of Japanese Pharmacopeia solution of formaldehyde which is estimated at 37.0% of formaldehyde.

E. Test for detoxification: Five ml. of plain toxoid, when injected subcutaneously into guinea pigs weighing 300 to 400 grams, shall cause no evidence of diphtheria poisoning, including paralysis, at any time during a 30-day period, provided the animals are observed at least daily. A sufficient number of test animals shall be injected to insure complete records on at least 4 animals. Any animals dying during the 30 day period shall show no signs of diphtheria toxin poisoning on necropsy.

F. Quantity of alum used for preparing A.P. Toxoid. Alum used for the preparation of "Diphtheria Toxoid A.P." shall be Japanese Pharmacopeia quality potassium alum,  $\text{Al K}(\text{SO}_4)_2 \cdot 12 \text{H}_2\text{O}$ . The finished A.P. toxoid shall contain not more than 15 mg. of alum per individual human injection as determined by analysis of the finished product. In lieu of such analysis the amount shall be not more than 20 mg., the calculation being based on the assumption that the total added is recovered in the finished



product. When aluminum is used in any other form the permissible amount shall not exceed the amount permitted when it is used as potassium alum. In all instances the amount of aluminum used shall be the minimum needed to accomplish the purpose intended.

G. Preservative. A phenoloid preservative shall not be used in diphtheria toxoid, unless merthiolate is not available.

H. Storage. Toxoid should be stored at 2°C to 5°C until used. This is of prime importance for maintenance of maximum antigenic properties.

I. Expiration data. As a rule the expiration date of diphtheria toxoid is one year from the date of manufacture when the vaccine is stored at 2°C to 5°C. For determination of expiration date, the date of manufacture shall be the date the vaccine passed the potency test at the National Assay laboratory.

J. Certification. Each bottle will have on it the seal of certification sent out by the National Assay Laboratory. No toxoid is to be used unless the bottle has the seal of certification.

## SECTION II DOSAGE

A. Volume of individual injections. The recommended human dose for each individual injection shall not exceed 1.0 ml. Immunization schedule shall consist of 3 injections of plain toxoid with an interval of 3 to 4 weeks. Recommended dosage is 0.5 ml., 1.0 ml., 1.0 ml. If precipitated toxoid is used, the dosage is the same but an interval of 4-6 weeks is used.

## SECTION III DIPHTHERIA TOXOID IN MIXTURE WITH OTHER ANTIGENS

a. Diphtheria toxoid in combination with other antigens. If it is desired to incorporate into the immunizing dose of either plain or A.P. diphtheria toxoid other licensed immunizing substances, this may be done provided:

a. The antigenic value of the diphtheria toxoid, in the volume of the mixture intended as the immunizing injection, is not reduced below the level required for the toxoid when used by itself through any interaction, or otherwise, with the other ingredients of the mixture.

b. The amount of diphtheria toxoid incorporated into the full immunizing dose of the mixture shall be the same as is recommended under section II when the toxoid is used alone. The amount of toxoid in each individual injection may be changed if necessary provided no individual injection contains more than 1.0 ml. of diphtheria toxoid and provided the interval between the first and last injection is not less than that recommended under Section II.



c. The volume of each immunizing injection of the mixture shall not exceed 1.0 ml. unless specifically authorized.

d. The expiration date of the mixture shall be the same as the expiration date of that component having the shortest expiration date.

B. Time of performing the antigenicity test on a toxoid in a mixture. The antigenicity test on either plain or alum precipitated diphtheria toxoid, intended for use in a mixture as defined under section 20, may be performed either before or after the introduction of the toxoid into the mixture; except that if the effect of the mixing on the antigenic value of the toxoid is not known, or if it is known to cause a change in the antigenic value, the antigenicity test must be applied after the mixture has been made and adjusted to its final volume.

#### SECTION IV ASSAY

A. Color, Transparency, Odor: The finished plain toxoid shall be slightly yellowish tinge, clear. It shall be odorless except for the characteristic odor of the preservative.

B. Sterility: Sterility test media shall be such that it will support growth of all aerobic and anaerobic organisms. Brewer's Media is best. (See "Media" for formula). The finished toxoid shall remain sterile under both aerobic and anaerobic culture conditions after incubation for a minimum period of seven days at a temperature of 37°C. No gram positive organisms or other organisms morphologically distinguishable from *C. Diphtheriae* shall be found in the gram-stain made from the finished toxoid.

C. 1. Test for antigenicity on plain toxoid. At least 10 guinea pigs weighing 270 to 320 grams at the beginning of the test, and sex at random, shall receive as a subcutaneous injection the greatest volume of plain toxoid contained in any individual human injection. At the expiration of not more than 6 weeks each of the test animals shall be injected subcutaneously with 5 MLD of a stable diphtheria toxin. The toxicity of this challenge dose shall be confirmed by its further dilution and the injection of 1 MLD into normal guinea pigs weighing 250 grams  $\pm$  10%. Eighty percent of the potency test animals shall survive for at least 10 days.

2. Alternate test for antigenicity on plain toxoid  
At least 10 guinea pigs weighing about 300 grams at the beginning of the test shall have a subcutaneous injection of the maximum volume of plain toxoid for any individual human injection, (usually less than 2 cc.) At the expiration of 4 weeks, each of the test animals shall be injected subcutaneously with 10 times as much of the minimum lethal dose of the toxin. More than 80% of the test animals shall survive for 7 days. As the control, a guinea pig weighing about 250 grams shall be injected the minimum lethal dose of the said toxin subcutaneously in the same time.



D. Test for Antigenicity on A.P. toxoid

a. The volume of A.P. toxoid intended for the human injection, when injected subcutaneously into normal guinea pigs weighing 500 grams - 10%, shall produce at least 2 units of antitoxin per ml. of serum in not more than 4 weeks when aliquot portions of serum from not less than 4 guinea pigs are pooled. Irrespective of the number of guinea pigs used in the test the serum-pool must contain aliquot portions of serum from all animals surviving the immunization period.

Alternate Test

b. Alum Toxoid. Total dosis of Alum toxoid for human inoculation shall be given intramuscularly to at least 10 guinea pigs weighing more than 300 grams and more 80% of the said animals, when they get 100 times of the minimum lethal dosis of the toxin subcutaneously and observed for 7 days, shall survive free from any diphtheria toxoid symptoms. The second injection is given 4 weeks after the first injection.

E. Identity Test.

a. Add 1 ml. toxoid to 2 units of diphtheria antitoxin; let stand at room temperature for 1 hour; add 1 L - dose of toxin; let stand at room temperature for 1 hour and inject subcutaneously into a guinea pig.

b. Control - add one L + dose of toxin to 2 units of antitoxin; let stand at room temperature for 1 hour; inject subcutaneously into a guinea pig.

c. Results - the test animal should die and the control should survive at least 5 days.

d. Record - results of test on standard protocol.

F. Quality of the parent plain toxoid. Alum precipitated diphtheria toxoid shall be prepared only from plain toxoid which meets all of the minimum requirements for plain toxoid except that it need not necessarily equal the antigenic value required of plain toxoid. Neither is it required that an antigenicity test be made on the plain toxoid prior to the precipitation. The completed A.P. toxoid must meet its own antigenicity requirements as described in section IV E.

SECTION V PACKAGING

A. Volume of final container. The final container of plain or A.P. toxoid shall contain not more than 100 c.c. of material. 40 c.c. bottles are more desirable.

B. Seal of final container. Either of two seals will be acceptable for plain or A.P. toxoid:

a. Rubber cap of type which fits tightly into neck of the container and which has a flange fitting tightly over the lip of the bottle to effect a snug double seal. This type is preferable.



b. Insert rubber stopper. When this is used a paraffin or wax waterproof seal must be used over it.

c. Labeling. Each lot of toxoid shall be kept separate and appropriately identified until final labels are affixed. Labels shall be firmly affixed to each bottle (not to the package) and shall bear the following data:

- a. Diphtheria toxoid (A.P. or Plain).
  - b (English and Japanese)
- b. Prepared from strain *Corynebacterium Diphtheriae*, Park Williams.
  - (Japanese)
- c. Dosage
  - (1) (Plain) 3 doses of 0.5, 1.0, 1.0 ml each administered subcutaneously at intervals of 3 to 4 weeks.
  - (2) (A.P.) 3 doses of 0.5 and 1.0 and 1.0 ml each administered subcutaneously at intervals of 4-6 weeks.
  - (3) Booster doses - See inclosed pamphlet.
- d. Preservative (state name and concentration) English.
- e. SHAKE WELL BEFORE USING (Japanese) (Capital letters)
- f. Store at 2° 10° C. (35.6° 50° F) (Japanese)
- g. Date of manufacturing (English and Japanese)
- h. Expiration date (English & Japanese)
- i. Biologics control license no. (English & Japanese)
- j. Lot number (English & Japanese)
- k. Name and address of manufacturer (English & Japanese)

D. Directions. As a rule each package of vaccine should include a set of directions and instructions regarding the use of the vaccine. These instructions will include as a minimum the following items:

- a. A brief description of the method of preparation.
- b. Indications and contra-indications.



c. A brief description of the reactions to be expected after the inoculations including the extent of danger to the individual.

d. Benefits to the individual. This statement should not imply that immunization is a panacea, but rather should indicate its value as an adjunct to sanitation in the control of diphtheria.

E. Certification. Each bottle will have on it the seal of certification sent out by the National Assay Laboratory. No toxoid is to be used unless the bottle has the seal of certification.

#### SECTION VI REQUIREMENTS FOR RELEASE

A. Distribution of toxoid shall be withheld pending approval for release by the Biologics Control Section of the Ministry of Welfare. The following must be submitted:

a. 50 cc of finished vaccine.

b. Samples are to be selected by the official prefectural health office inspector for forwarding to the National Assay laboratory. The parent container must then be sealed.

c. Samples will be submitted which will be representative of each unit of production; i.e., the toxoid will be diluted in carboys (10-20 or 40 liter). Each carboy will be considered as a unit of production, and a sample representative of each carboy (not to exceed 40 liters) will be submitted.

d. Samples will be taken only after the finished toxoid has been bottled in the final containers. Samples will not be taken from the carboy before final bottling.

e. If the vaccine is approved by the Biological Control Section, stamps of approval will be distributed to the manufacturer to affix to each final vial.

f. Copies of protocols showing results of:

1. Sterility tests

2. Identity tests

3. Safety tests

4. Potency tests



SECTION VII PROTOCOLS

Data on toxin and toxoid production Lot Number

TOXIN PRODUCTION	327	325
1. MLD per ml. . . . .		
2. L <sub>1/2</sub> dose per ml. . . . .	0.04	0.05
3. Incubation period in days. . . . .	8	6

PLAIN TOXOID PRODUCTION: 327      326

1. Percent of J.P. sol. formaldehyde used . . . . .	0.4	0.4
2. Toxoiding temperature . . . . .	40°6	40°6
3. Toxoiding period in days. . . . .	12	13
4. LF value, if determined. . . . .	43	35
5. Is lot intended for use as plain toxoid? . . . . .	No	Yes
6. Kind and amount of preservative added. . . . .	--	1 : 10,000 Merthiolate
7. Percent residual free formaldehyde (CH <sub>2</sub> O) . . . . .	--	0.022

ALUM PRECIPITATED TOXOID PRODUCTION:

195

1. Grams alum per 100 cc crude toxoid. . . . .	1.75
2. Number of washings of precipitate. . . . .	4
3. Does wash water contain preservative? . . . . .	No
4. Final vol. : Vol. AP td./Vol. crude td. . . . .	100
5. Lf value, if determined. . . . .	42
6. Dose intended - 0.5 or 1.0 ml. . . . .	0.5
7. Mgm alum per dose by calculation. . . . .	8.75
8. Mgm alum per dose by assay. . . . .	3.62
9. Kind and amount of preservative added. . . . .	1:10,000 Merthiolate

B. Complete records, (including protocols) must be kept by each manufacturer. Records will be of a permanent nature. They will be available at all times for inspection and will not be destroyed except as directed by the Ministry of Welfare. True copies of any or all records will be delivered to the Ministry of Welfare or to such authorized representatives or inspectors as may be designated by SCAP or the Ministry of Welfare from time to time upon call or direction of authorized representatives.

SECTION VIII SPECIAL NOTES

The requirements outlined above are minimum requirements and all manufacturers are obligated to utilize any and all resources available to them to produce a safe and superior vaccine.



## 1. Media:

## A. Formule:

Dipotassium Phosphate, $K_2HPO_4$	1.0 gms
Monosodium Phosphate, $NaH_2PO_4$	1.0 gms
Magnesium Sulphate, $MgSO_4 \cdot 7H_2O$	0.2 gms
Calcium Chloride, $CaCl_2$ anhyd.	0.1 gms
Bacto Proteose Peptone	20.0 gms
Ammonium Lactate, pure, syrupy, yellow	4.5 gms
Succinic Acid	2.0 gms
Distilled water	1000.0 ml
Sterile 30% Bacto purified Maltose-15% pearl Lextrose Solution	10.0 ml.

## B. Procedure:

## a. Preparation of Kallbegg-carbohydrate carriers:

1. Place  $3\frac{1}{2} \times 5/8$ " sterile tubes in carbohydrate carriers and hook over edge of upright test tube rack. Wrap in paper and autoclave 1 hour at  $121^\circ C$ .

## b. Preparation of Toxin Broth:

1. Dissolve peptone in water, heating gently.
2. Dissolve other ingredients, except maltose and dextrose, in small amounts of water in separate beakers. Add to peptone water in order listed.
3. Adjust to pH 8.0.
4. Heat to boiling.
5. Cool immediately to  $40^\circ - 50^\circ C$ .
6. Filter through filter paper.
7. Add water to restore to original volume.
8. Dispense in 500 amounts in Vitex flasks.

## C. Preparation of Seed Tubes:

## 1. Formule:

Pearl Dextrose	1.5 gms
Bacto Purified Maltose	3.0 gms
Broth	1000.0 ml.

2. Mix thoroughly and dispense in 12 ml. amounts into  $6 \times 7/8$ " tubes. Autoclave 20 minutes at  $118^\circ C$ .

## D. Preparations of Carbohydrates:



1. Prepare a 30% maltose-15% dextrose solution and dispense in 5 ml. amounts into sterile  $3\frac{1}{2}$  x  $5/8$ " tubes in Kellogg-carbohydrate carriers.

d. Preparation of Finished Medium:

1. Place 1 carrier in each Vitex flask.
2. Autoclave 15 min. at 100°C. and 20 minutes at 118°C.
3. Remove from autoclave, cool and take to incubator.
4. Tilt flasks to pour carbohydrate solution into flask. Mix carefully and place in incubator.

C. Chocking:

1. Final pH should be 7.4-7.6

GERWE'S DIPHTHERIA TOXIN BROTH (Veal Infusion Broth)

Formula:

Lean Ground Veal	1.0 pound
Bacto Proteose-peptone	20.0 gms.
Acetic Acid, Glacial	5.0 ml.
Sodium Hydroxide, NaOH, 66% solution	2.0 ml.
Technical Maltose, 30% solution	20.0 ml.
Sodium Acetate, 37.5% solution	10.0 ml.
Distilled Water	1000.0 ml.

D. Procedure:

a. Preparation of Broth:

1. Infuse veal in one-half the amount of water in icebox overnight.
2. Add the glacial acetic acid and 300 ml. of water for each pound of meat.
3. Boil the mixture for 30 minutes, stirring occasionally.
4. Filter through 2 layers of gauze, pressing as much liquid as possible out of the meal.
5. Add remainder of cold water (Should be 6-10°C).
6. Add the 66% NaOH and stir well into mix.
7. Filter through filter paper.
8. Add peptone and allow to dissolve at room temperature.
9. Adjust to pH 8.0.
10. Filter through filter paper.
11. Add water to restore to original volume.
12. Dispense in 500 ml. amounts into Vitex flasks.
13. Autoclave for 25 minutes at 121°C.



## B. Preparation of 30% Maltose and 37.5 Sodium Acetate solutions:

1. Prepare a 30% Maltose and dispense 50 ml. into 4 ounce French Square.
2. Prepare a 37.5 Sodium Acetate solution and dispense 30 ml. into 4 ounce French Square.
3. Autoclave solutions 25 minutes at 121° C.

## C. Preparation of Finished Medium:

1. Pipette aseptically 10 ml. of 30% maltose and 5 ml. of 37.5% sodium acetate into each Vitax flask. Mix thoroughly.

## D. Preparation of Seed Tubes:

## 1. Formula:

Broth	1000.0 ml.
Technical Maltose	3.0 gms.

2. Dissolve maltose in broth by heating.
3. Dispense in 12 ml. amounts into 6 x 7/8" tubes
4. Autoclave 25 minutes at 121° C.

## E. Checking:

1. Final pH should be 7.3-7.5

Biologics Control Section  
Ministry of Welfare  
Shiba Ku, Tokyo  
Original 5 Sept. 1947



700

1958

HEADQUARTERS I CORPS  
APO 301 (Kyoto, Honshu)

AG 200.3 - B

20 September 1947

SUBJECT: Personnel to Operate Customs, Immigration and Quarantine Services,  
and Additional Port of Entry for Japan.TO : Commanding General, 24th Infantry Division, APO 24  
Commanding General, 25th Infantry Division, APO 25

## 1. References:

a. Operational Directive No. 32, Headquarters Eighth Army, dated  
10 April 47.b. Letter, this Headquarters, Subject: "Personnel to Operate Customs,  
Immigration and Quarantine Services", dated 3 September 47, file AG 200.3 - B.2. Miike is designated a minor Port of Entry. This Headquarters is de-  
signated the responsible agency, and Fukuoka Military Government Team, the oper-  
ating agency.3. It is desired that exit and entry controls be established at this Port,  
as provided in reference 1a, above.4. Additional personnel will be provided by the Commanding General, 24th  
Infantry Division on a DS status from sources under his control, in proper grades  
and ratings for the operation of Customs, Immigration and Quarantine Services,  
for the Miike Minor Port, and will be made available to the Commanding Officer,  
Fukuoka Military Government Team, as provided in reference 1b, above, and inclosure  
thereto. The Commanding General, 24th Infantry Division will be responsible for  
maintaining and placing additional personnel on DS status, as directed.5. Clarifying the instructions contained in letter, this Headquarters, dated  
3 September 47, file AG 200.3 - B, this letter provides that Nagasaki and Miike  
will be considered as separate ports.6. Division Commanders will notify this Headquarters by radio, in accordance  
with radio ICB-451, this Headquarters, dated 11 September 47, as to whether or  
not subject personnel have been made available to the interested Military Govern-  
ment Teams.7. Military Government Teams involved will be responsible for orienting  
and training personnel on DS to their Headquarters, in their respective duties  
and responsibilities in connection with Customs, Immigration and Quarantine  
Services.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

C. C. CARTER  
Colonel, AGD  
Adjutant GeneralDISTRIBUTION:  
See reverse side.

26493



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499

HEADQUARTERS I CORPS  
APO 301 (Kyoto, Honshu)

AG 200.3 - B

3 September 1947

SUBJECT: Personnel to Operate Customs, Immigration and Quarantine Services.

TO : Commanding General, 24th Infantry Division, APO 24  
Commanding General, 25th Infantry Division, APO 25

1. Reference is made to Operational Directive No. 32, Headquarters Eighth Army, 10 April 47.

2. Maritime Ports under control of Headquarters Eighth Army are designated as follows:

<u>Major Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Nagoya	I Corps	Aichi MG Team
Kobe-Osaka	I Corps	Hyogo MG Team
Moji-Wakamatsu-Hakata	I Corps	Fukuoka MG Team
<u>Minor Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Nagasaki-Miike	I Corps	Nagasaki MG Team
Hakodate	IX Corps	Hokkaido MG Dist
Otaru	IX Corps	Hokkaido MG Dist
Sasebo	I Corps	Nagasaki MG Team
Shimizu (Shizuoka Pref)	I Corps	Shizuoka MG Team

3. It is desired that exit and entry controls be established at these ports, as provided in reference 1, above.

4. Additional personnel for operation of Customs, Administration and Quarantine Services at the above ports, are authorized appropriate military government teams on a DS basis, as indicated in Inclosure No. 1, hereto.

5. Personnel will be provided by the Commanding General, 24th Infantry Division, and Commanding General, 25th Infantry Division on a DS status from sources under their control, in proper grades and ratings. This does not increase the allotment of Theater overhead grades or strength allocated the military government teams, per Letter Order 6-27, file AG 321 (FD), Headquarters Eighth Army, dated 19 June 47.

6. The Commanding General, 24th Infantry Division will be responsible for maintaining, and placing personnel on a DS status, as indicated in Inclosure No. 1.

FILE

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File



Ltr, Hq I Corps, file AG 200.3 - B, d+d 3 Sept 47 cont'd. SEP 6 1947 10 59

<u>Major Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
✓ Moji-Wakamatsu-Hakata	I Corps	Fukuoka MG Team
<u>Minor Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
✓ Nagasaki-Miike	I Corps	Nagasaki MG Team
Sasebo	I Corps	Nagasaki MG Team

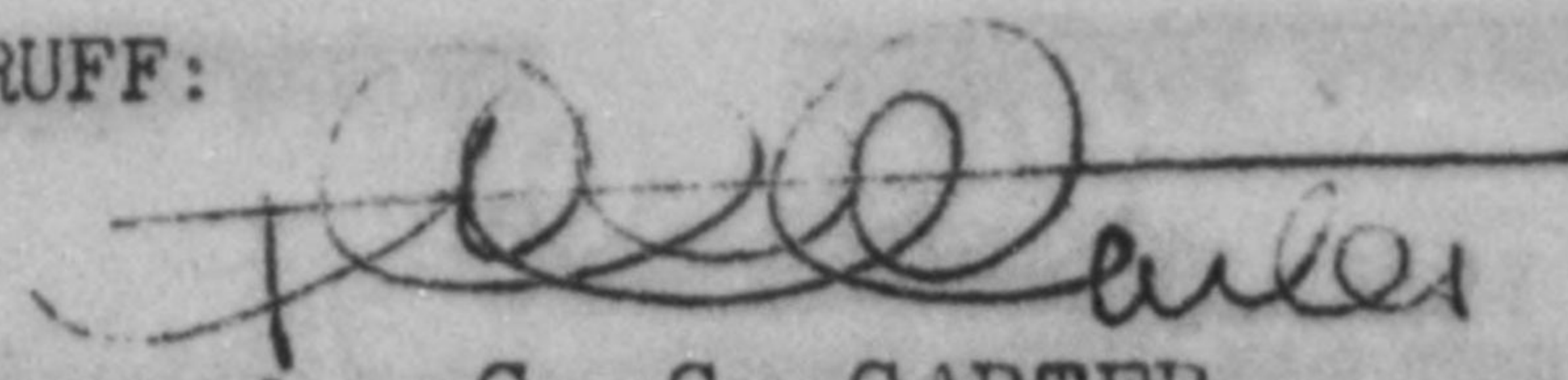
7. The Commanding General, 25th Infantry Division, will be responsible for maintaining, and placing personnel on a DS status, as indicated in Inclosure 1:

<u>Major Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Nagoya	I Corps	Aichi MG Team
Kobe-Osaka	I Corps	Hyogo MG Team
<u>Minor Ports</u>	<u>Responsible Agency</u>	<u>Operating Agency</u>
Shimizu (Shizuoka Pref)	I Corps	Shizuoka MG Team

8. Inclosure No. 1 lists commissioned personnel at Major Ports, as (Port Quarantine) Medical Corps, MOS 2100. Medical Corps Officers will not be supplied by either the Commanding General, 24th or Commanding General, 25th Infantry Division. Medical Officers will be provided by separate sources under control of Headquarters Eighth Army.

9. Additional transportation for these Services will be made available as early as practicable.

BY COMMAND OF MAJOR GENERAL WOODRUFF:



C. C. CARTER  
Colonel, AGD  
Adjutant General

DISTRIBUTION:

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Military Government Section, I Corps, APO 301  
Chief of Staff  
G-1 Section  
G-2 Section  
G-3 Section  
G-4 Section  
Surgeon  
Engineer Officer  
Quartermaster  
AG File

1 Incl: L

Personnel for Customs, Immigration  
and Quarantine Services.



INCLOSURE 1 - PERSONNEL FOR CUSTOMS, IMMIGRATION AND QUARANTINE SERVICE

	M.O.S.	MAJOR PORT	MINOR PORT
Captain		1	
1st Lieutenant		1	1
Total Commissioned		2	1
Grade 2		1	
Grade 3			1
Grade 4		2	1
Grade 5		3	1
Total Enlisted		6	3
Aggregate		8	4
Commissioned: Customs and Immigration	2120	1	
Customs, Immigration and Quarantine	2120		1
Port Quarantine (Medical Corps)	3100	1	
Port Quarantine (MAC if available)	2120		
Enlisted:			
Port Quarantine	861		1
Customs and Immigration	502	2	1
Medical Technician	409	2	
Clerk, general	055	1	1
Clerk-typist	405	1	



**FILE**

BASIC: Ltr, Hq I Corps, APO 301, dtd 3 September 1947, subject: "Personnel to Operate Customs, Immigration and Quarantine Services".

**LST IND**

**PAM**

KYUSHU MIL GOVT REGION, HQ & HQ DET, APO 929, 17 September 1947

TO: Commanding Officer, Nagasaki Military Government Team, APO 24 Unit 3  
Commanding Officer, Fukuoka Military Government Team, APO 929

**C.L.B.**

1 Incl:  
n/c